

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS Offeror To Complete Block 12, 17, 23, 24, & 30				1. Requisition Number SEE SCHEDULE		Page 1 Of 5							
2. Contract No. W52H09-04-D-0094		3. Award/Effective Date 2004SEP15		4. Order Number 0003		5. Solicitation Number		6. Solicitation Issue Date					
7. For Solicitation Information Call:		A. Name KATRIENA VERSTRAETE			B. Telephone Number (No Collect Calls) (309)782-6618			8. Offer Due Date/Local Time					
9. Issued By TACOM-ROCK ISLAND AMSTA-LC-CTR-R ROCK ISLAND IL 61299-7630 e-mail: VERSTRAETEK@RIA.ARMY.MIL				Code W52H09		10. This Acquisition Is <input type="checkbox"/> Unrestricted <input checked="" type="checkbox"/> Set Aside: % For <input type="checkbox"/> Small Business <input type="checkbox"/> Hubzone Small Business <input checked="" type="checkbox"/> 8(A) NAICS: 332212 Size Standard:		11. Delivery For FOB Destination Unless Block Is Marked <input checked="" type="checkbox"/> See Schedule <input checked="" type="checkbox"/> 13a. This Contract Is A Rated Order Under DPAS (18 CFR 700) 13b. Rating DOA5 14. Method Of Solicitation <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP		12. Discount Terms			
15. Deliver To SEE SCHEDULE				Code		16. Administered By DCMA DALLAS 600 NORTH PEARL STREET SUITE 1630 DALLAS TX 75201-2843 Code S4402A							
Telephone No.													
17. Contractor/Offeror CHOCTAW MANUFACTURING AND DEVELOPMENT CORPORATION 203 CHOCTAW INDUSTRIAL DRIVE HUGO, OK. 74743-5632 Telephone No. (580)326-8365				Code 1K9Z0		Facility		18a. Payment Will Be Made By DFAS COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS PO BOX 182381 COLUMBUS OH 43218-2381 Code HQ0339					
<input type="checkbox"/> 17b. Check If Remittance Is Different And Put Such Address In Offer				18b. Submit Invoices To Address Shown In Block 18a Unless Block Below Is Checked <input type="checkbox"/> See Addendum									
19. Item No.		20. Schedule Of Supplies/Services				21. Quantity		22. Unit		23. Unit Price		24. Amount	
		SEE SCHEDULE											
		(Use Reverse and/or Attach Additional Sheets As Necessary)											
25. Accounting And Appropriation Data ACRN: AA 97 X4930AC6G 6D 26FB S11116 W52H09								26. Total Award Amount (For Govt. Use Only) \$699,465.02					
<input type="checkbox"/> 27a.Solicitation Incorporates By Reference FAR 52.212-1,52.212-4,FAR 52.212-3 And 52.212-5 Are Attached. Addenda <input type="checkbox"/> Are <input type="checkbox"/> Are Not Attached.													
<input checked="" type="checkbox"/> 27b.Contract/Purchase Order Incorporates By Reference FAR 52.212-4. FAR 52.212-5 Is Attached. Addenda <input checked="" type="checkbox"/> Are <input type="checkbox"/> Are Not Attached.													
<input checked="" type="checkbox"/> 28. Contractor Is Required To Sign This Document And Return 2 Copies To Issuing Office. Contractor Agrees To Furnish And Deliver All Items Set Forth Or Otherwise Identified Above And On Any Additional Sheets Subject To The Terms And Conditions Specified Herein.								<input type="checkbox"/> 29. Award Of Contract: Ref. Offer Dated. Your Offer On Solicitation (Block 5), Including Any Additions Or Changes Which Are Set Forth Herein, Is Accepted As To Items:					
30a. Signature Of Offeror/Contractor						31a. United States Of America (Signature Of Contracting Officer)							
30b. Name And Title Of Signer (Type Or Print)				30c. Date Signed		31b. Name Of Contracting Officer (Type Or Print) DEBRA JUHL /SIGNED/ JUHLD@RIA.ARMY.MIL (309)782-3370				31c. Date Signed			
Authorized For Local Reproduction Previous Edition Is Not Usable								Standard Form 1449 (Rev. 4/2002) Prescribed By GSA-FAR (48 CFR) 53.212					

19. Item No.	20. Schedule Of Supplies/Services	21. Quantity	22. Unit	23. Unit Price	24. Amount

32a. Quantity In Column 21 Has Been

☐ Received ☐ Inspected ☐ Accepted, And Conforms To The Contract, Except As Noted: _____

32b. Signature Of Authorized Government Representative		32c. Date	32d. Printed Name and Title of Authorized Government Representative		
32e. Mailing Address of Authorized Government Representative			32f. Telephone Number of Authorized Government Representative		
			32g. E-Mail of Authorized Government Representative		
33. Ship Number		34. Voucher Number	35. Amount Verified Correct For	36. Payment	37. Check Number
<input type="checkbox"/> Partial	<input type="checkbox"/> Final			<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final	
38. S/R Account Number	39. S/R Voucher Number	40. Paid By			
41a. I Certify This Account Is Correct And Proper For Payment			42a. Received By (Print)		
41b. Signature And Title Of Certifying Officer			41c. Date	42b. Received At (Location)	
				42c. Date Rec'd (YY/MM/DD)	42d. Total Containers

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN W52H09-04-D-0094/0003 MOD/AMD	Page 2 of 5
Name of Offeror or Contractor: CHOCTAW MANUFACTURING AND DEVELOPMENT CORPORATION		

SUPPLEMENTAL INFORMATION

1. THIS DELIVERY ORDER IS ISSUED UNDER ORDERING PERIOD 1, 7 MAY 2004 TO 31 MAY 2005 FOR THE FOLLOWING:

<u>KIT</u>	<u>NSN</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>TOTAL AMOUNT</u>
CREW	5180-01-502-9504	293	\$495.34	\$145,134.62
MAINTAINER	5180-01-502-9507	872	\$635.70	\$554,330.40

2. THE CONTRACTOR WILL DELIVER A SET OF THE RECONFIGURED FOAM TRAYS AND A NEW TIRE REPAIR KIT, AS NEGOTIATED UNDER P00001 TO THE BASIC CONTRACT, FOR THE SAMPLE CREW KIT TO THE FOLLOWING LOCATION:

TACOM-ROCK ISLAND

ATTN: AMSTA-LC-CTT-S, DEBRA A. JUHL

BLDG. 104, FIRST FLOOR

ROCK ISLAND, IL 61299-7630

THE COST OF THE FOAM TRAYS AND TIRE REPAIR KIT OF \$58.73 IS DIVIDED BETWEEN THE 293 CREW KITS AT A COST OF \$.20 EACH. THEREFORE, THE UNIT PRICE OF THE CREW KIT WAS INCREASE FROM \$495.14 TO \$495.34.

THE MAXIMUM QUANTITY OVER THE 5 YEAR PERIOD FOR THE CREW KIT IS 27,500 EACH AND 16,500 EACH FOR THE MAINTAINER KIT WITH MONTHLY SHIPMENTS OF A MAXIMUM QUANTITY OF 1,000 EACH. TO DATE, THE TOTAL QUANTITIES OF BDAR KITS AWARDED UNDER THIS CONTRACT ARE AS FOLLOWS:

CREW KIT = 293

MAINTAINER KIT = 1,172

3. THIS DELIVERY ORDER IS SUBJECT TO THE TERMS AND CONDITIONS CONTAINED IN CONTRACT W52H09-04-D-0094.

*** END OF NARRATIVE A 001 ***

Name of Offeror or Contractor: CHOCTAW MANUFACTURING AND DEVELOPMENT CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	NSN: 5180-01-502-9504 FSCM: 19207 PART NR: DFP-TRI001 SECURITY CLASS: Unclassified				
0001AA	BDAR CREW KIT NOUN: KIT, ASSESSMENT BATTLEFIELD PRON: M141TN47M1 PRON AMD: 03 ACRN: AA AMS CD: 07001100 <u>Packaging and Marking</u> <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC SUPPL REL_CD MILSTRIP ADDR_ SIG_CD MARK FOR TP_CD 001 W52H094233A300 W25G1U J 1 DEL_REL_CD QUANTITY DEL_DATE 001 293 15-NOV-2004 FOB POINT: Origin SHIP TO: FREIGHT ADDRESS (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001 CONTRACT/DELIVERY ORDER NUMBER W52H09-04-D-0094/0003	293	EA	\$_____495.34000	\$_____145,134.62
0002	NSN: 5180-01-502-9507 FSCM: 19207 PART NR: DFP-TRI002 SECURITY CLASS: Unclassified				
0002AC	BDAR MAINTAINER KIT NOUN: KIT, ASSESSMENT BATTLEFIELD PRON: M141TN48M1 PRON AMD: 02 ACRN: AA AMS CD: 07001100	872	EA	\$_____635.70000	\$_____554,330.40

Name of Offeror or Contractor: CHOCTAW MANUFACTURING AND DEVELOPMENT CORPORATION

CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/ ITEM	OBLG ACRN	STAT	ACCOUNTING CLASSIFICATION	JOB ORDER NUMBER	ACCOUNTING STATION	OBLIGATED AMOUNT
0001AA	M141TN47M1 07001100	AA	2	97 X4930AC6G 6D	26FB S11116	W52H09 \$	145,134.62
0002AC	M141TN48M1 07001100	AA	2	97 X4930AC6G 6D	26FB S11116	W52H09 \$	554,330.40
						TOTAL \$	699,465.02
SERVICE	NAME	TOTAL BY ACRN	ACRN	STAT	ACCOUNTING CLASSIFICATION	ACCOUNTING STATION	OBLIGATED AMOUNT
Army		AA	2	97	X4930AC6G 6D	26FB S11116	W52H09 \$ 699,465.02
						TOTAL \$	699,465.02